

**PLANNING COMMITTEE MEETING**  
**SUMMARY NOTES**  
**TUESDAY, MARCH 9, 2004 · 10:30 – 12:00 P.M.**

**I. Welcome and Introductions**

Welcome by Evalyn Greb, Chief, Long Term Care Integration, followed by self-introductions of the other 29 stakeholders in attendance.

**II. Updates & Announcements**

- Next Planning Committee Meeting: **Wednesday, April 14, 2004, 10:30 – Noon, Sharp Healthcare Operations Center, 8695 Spectrum Center Drive, San Diego, CA 92123.**  
Agenda – Administrative Action Plan discussion.
- New legislation related to long term care introduced February 2004: (1) AB 2821, the “Coordinated System of Care Act,” states the intent of the Legislature to enact legislation that would improve state-level administration of long-term care programs, (2) AB 2822 re-introduces AB 43 (chronic care integration) and (3) SB 1671 states the intent of the Legislature to enact legislation that would implement a Medicare waiver program for dually eligible seniors (65+).
- Medi-Cal Redesign Workgroups: (1) Benefit design and cost sharing (2) Program simplification and eligibility (3) Organized delivery systems and managed care expansion (4) Aging & disability issues and (5) Financing. Visit the Medi-Cal redesign website or call 1-888-285-4866/TTY 1-800-735-2929 to register for the workgroups and to learn more about the redesign process <http://www.medi-calredesign.org/>. LTCIP staff and other assigned County staff will be participating in all workgroups.

**III. LTCIP Mental Health & Substance Abuse (MHSA) Workgroup Process**

Don Berk, Chair of the smaller MHSA Working Committee, described the purpose of the full Workgroup and the smaller Working Committee as well as the steps that were taken to ensure an inclusive decision-making process. **Goal:** Make a recommendation to the larger LTCIP Planning Committee on the inclusion of mental health and substance abuse services and populations in LTCIP.

**Process:** Don Berk, LCSW, and Margaret McCahill, MD, were recruited and agreed to chair the smaller Working Committee and full Workgroup. Approximately 150 key stakeholders in the MH & SA communities were identified and invited to participate in the kickoff meeting (September 23, 2003). In addition, all LTCIP stakeholders and community members were encouraged and invited to participate in the recommendation development process. Following the kick-off meeting, a smaller Working Committee was established to analyze, discuss and begin the recommendation development process. All stakeholders were welcome to participate in the smaller committee meetings, but voting rights (for the purpose of consensus development) were reserved for appointed members. Appointed members were asked to look beyond their own individual agencies and/or personal preferences to represent a more expansive group of providers or consumers/consumer advocates, ensuring that all community stakeholder interests were recognized.

Between October 2003 and January 2004, the Working Committee met on four occasions (10/21/03, 11/13/03, 11/19/03, 12/18/03). Draft recommendations were presented to the full Workgroup on January 7, 2004 for further discussion and consensus development.

The full Workgroup discussed the recommendations, made minor revisions, and then forwarded the recommendations to the larger Planning Committee for further consensus development (today's meeting). Stakeholder lists of those invited to participate in the Workgroup process and those who attended Workgroup and/or Working Committee meetings were provided as handouts (see Attachment 1).

#### **IV. Mental Health & Substance Abuse Recommendation Presentation/Discussion**

Dr. Margaret McCahill began with a brief background of St. Vincent de Paul Village, where she is Clinical Director and Medical Director. St. Vincent's integrated model of care is unique in that 100% of the patients are unfunded and the care team is comprised of approximately 14 family physicians who are also psychiatrists. This simplifies and streamlines care by eliminating financing/reimbursement parameters and allows clients to receive both physical and mental health services at the same time and by the same practitioner. She emphasized that close proximity of the primary care physician and mental health and/or substance abuse practitioner can greatly improve care coordination and integration for persons with severe and persistent mental illness and/or substance abuse issues who often have difficulty in navigating the system, accessing services, etc. She also noted that in the last 10 years, the percentage of homeless men and women 55 and over has increased dramatically and most of these older adults are homeless for the first time in their lives. Rising health care costs and continued service fragmentation will only exacerbate the problem in the future, which emphasizes the need for a better coordinated and integrated system of care.

Dr. McCahill presented the Workgroup's recommendations and facilitated the group discussion. See Attachment 2 for the revised list of recommendations, including explanation and rationale.

**V. Community Education Workgroup Presentation**– postponed due to lack of time. The kick-off meeting for this new workgroup will be held during the May 12, 2004 Planning Committee meeting. Official meeting announcement will be sent to all stakeholders as date the approaches.

**VI. Adjourn- Next Planning Committee Meeting: Wednesday, April 14, 2004, 10:30 – Noon, Sharp Healthcare Operations Center, 8695 Spectrum Center Drive, San Diego, CA 92123**

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